


Electronic Filing System (EFS) Data

Electronic Patent Application Submission

USPTO Use Only

EFS ID:	11894	
Application ID:	09682066	
Title of Invention:	Paradigm for Hybrid Network Communications Protocol Morphing	
First Named Inventor:	Antonio Mugica	
Domestic/Foreign Application:	Domestic Application	
Filing Date:	null	
Effective Receipt Date:	2001-07-17	
Submission Type:	Utility Patent Filing	
Filing Type:	new-utility	
Confirmation Number:	0	
Attorney Docket Number:	38146	
Digital Certificate Holder:	cn=Jeffrey Monroe Furr, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US	
Certificate Message Digest:	k59OgFeZ7W0w8GVUGJb3RQ==	
Total Fees Authorized:	\$355.0	
Payment Category:	CC - Credit Card	
Credit Card Number:	*****9699	
Expiration Date:	09122002	
Card Holder Name:	Antonio Mugica	
RAM User ID:	EFSPROD	
RAM Accounting Date:	2001-07-17	
RAM Sequence Number:	314440	
RAM Payment Status:	RAM success	
Postal Code:	33487	

TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

38146



Paradigm for Hybrid Network Communications Protocol Morphing

First Named Inventor: Mr. Antonio Mugica

SUBMITTED BY

Name: Mr. Jeffrey Furr Esq.

Electronic Signature Mark: Jeffrey Furr

Date Signed: 20010716

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	HybNetapds.xml
fee-transmittal	HybNetfee.xml
declaration	dis1.tif
declaration	dis2.tif
declaration	dis3.tif
specification	Hybnetwk.xml

Attached Image File(s):

dis1.tif

dis2.tif

dis3.tif

2001_7/11894/subm.zip/tranHybNet.xml

Comments:

Table 1. Demographic characteristics of the study population	
Age (years)	Mean (SD)
Male	55.2 (10.5)
Female	56.8 (11.2)
Marital status	
Married	78.5%
Single	21.5%
Education level	
High school or above	65.2%
Below high school	34.8%
Occupation	
Professional	12.3%
Managerial	18.7%
Technical	25.4%
Service	32.1%
Unemployed	11.5%
Income (USD/month)	
< 1000	15.2%
1000-2000	28.7%
2000-3000	35.4%
> 3000	20.7%

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-

Approved for use through 10/31/2002. OMB 3651-0

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	ANTONIO MUGICA
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARADIGM FOR HYBRID NETWORK COMMUNICATIONS PROTOCOL MORPHING

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuations-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comment the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☒

Approved for use through 10/31/2005. Page 5

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it carries a valid OMB label.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code Label

OR ☐

Correspondence address to:

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information are believed to be true, and further that these statements were made with the knowledge that willful false statements and the made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application for any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor.

Given Name

ANTONIO

(first and middle (if any))

Family Name

MUGICA

or Surname

Inventor's

Signature

Date

7/11/200

Residence: City

Boca Raton

State FL

Country U.S.A.

Citizenship Venezuela

Mailing Address

19591 Dinner Key Drive

Mailing Address

City

Boca Raton

State

FL

ZIP

33487

Country U.S.A.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor.

Given Name

PAUL

(first and middle (if any))

Family Name

BASIC

or Surname

Inventor's

Signature

Date

7/11/200

Residence: City

Caracas

State

Venezuela

Citizenship Venezuela

Mailing Address

Ave. Rosario, Transversal 10

Mailing Address

Qta Ana Michel, Los Charcos

City

Caracas

State

ZIP

Country Venezuela

Please type or print and fill in this box →

HY05305

Approved for use through 10/31/2007. OMB

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Privacy Act of 1974, no person is required to respond to a collection of information unless it carries a valid notice

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle if any)

Family Name or Surname

OSCAR

MORA

Inventor's
Signature

Date

Residence: City

Caracas

State

Country

Citizenship

Mailing Address

El Paraiso, Ave La Montaña

Mailing Address

Res. Adan y Eva, Torre Eva #701

City

Caracas

State

ZIP

Country

Venezuela

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle if any)

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle if any)

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Bureau Hour Statement: This form is submitted to the USPTO by the inventor, and the fee is being collected under the name of the individual named above.

0060006.0770

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 355

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:	9699
Expiration Date:	20020912
Authorized Name:	Antonio Mugica
Billing Address:	33487

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 16	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0